Worcestershire Acute Hospitals NHS Trust

Haemodialysis away from home (Holiday dialysis)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

As haemodialysis requires the patient to attend for treatment a minimum of three times a week, fifty-two weeks a year, arranging a break or holiday away is no easy task. The European Working Time Regulations (1998) states that all workers should have 28 days' annual leave, (four weeks (20 days) plus eight bank holidays), however for patients on haemodialysis, leave from their parent hospital to work away, take a break or holiday varies across Trusts in the UK, and ranges from zero to four weeks. Whilst all Trusts welcome incoming temporary haemodialysis patients, often dialysis spaces are limited and the payment for dialysis is restricted. This is a discussion that for many years has been highlighted by patients but no committed support or decisions made outside a patient forum.

Health checks and finance are the two major restraints to arranging dialysis away from home. To ensure all aspects and arrangements are complete; the best advice is to start the preparations early – at least three months in advance, especially if the patient is considering dialysis abroad.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS:

Staff arranging incoming temporary dialysis and outgoing patient holiday dialysis from Kidderminster Dialysis Unit

Lead Clinician(s)

Liz Wittich	Lead Nurse Renal Services
Approved by Renal Specialty Meeting on:	27th February 2023
Review Date: This is the most current document and is to be used until a revised version is available	27th February 2026

Key amendments to this Document:

Date	Amendment	By:
28th May 2010	No amendments as a new guideline – approved by parent Hospital Quality Meeting	L Wittich
25/07/2013	Guideline reviewed and approved by	Dr Martin Ferring
10/08/2015	Document extended for 12 months as per TMC paper approved on 22nd Jul 2015	TMC
02/12/2016	Further extension as per TMC 22nd July 2015	TMC
October 2017	Document extended for further two years with no changes	Dr Ferring
December 2017	Sentence added in at the request of the Coroner	
January 2020	Document extended for 3 months whilst undergoing approval process	Dr Martin Ferring
14th April 2020	Document extended for 6 months during COVID period	
February 2021	Document extended as per Trust agreement 11.02.2021	
15th December 2021	Document extended for 6 months to allow for thorough review	Specialist Medicine Divisional Governance
17th March 2022	Document extended until the end of the year to allow for thorough review	Dr Jasper Trevelyan
January 2023	Review of document nil amendments	

DETAILS OF GUIDELINE

The guideline will be divided into incoming dialysis into KDU and outgoing dialysis away from KDU. The guideline will follow the process of time, documentation and arrangements of dialysis, agreement to dialyse away from home, finance arrangements and health and pre-treatment checks required.

Haemodialysis away from home (holiday dialysis)

INTRODUCTION

As haemodialysis requires the patient to attend for treatment a minimum of three times a week, fifty-two weeks a year, arranging a break or holiday away is no easy task. The European Working Time Regulations (1998) states that all workers should have 28 days' annual leave, (four weeks (20 days) plus eight bank holidays), however for patients on haemodialysis, leave from their parent hospital to work away, take a break or holiday varies across Trusts in the UK, and ranges from zero to four weeks. Whilst all Trusts welcome incoming temporary haemodialysis patients, often dialysis spaces are limited and the payment for dialysis is restricted. This is a discussion that for many years has been highlighted by patients but no committed support or decisions made outside that patient forum.

The Association of Renal Managers (ARM) are attempting to gain clarification and fairness for all patients to establish an agreement of time and costs across all Trusts. The other major hurdle is the preparation and arranging of the actual dialysis away from home (this is separate to the actual holiday break). To ensure all aspects and arrangements are complete, the best advice is to start the preparations early – at least three months in advance, especially if the patient is considering dialysis abroad.

Every Trust and dialysis unit will have their own particular restrictions and requirements, permitting or not a patient to dialysis as a visitor. For the safety of the staff, the patients and the visiting patient these requirements must be completed to the satisfaction of the receiving unit. Health restrictions vary between Trusts and units around the world, especially for those with blood borne viruses or health care acquired infections restricting these patients from dialysing in their units in order to protect their own patients. Countries tend to be classified as being either low or high risk, based on their regulations in water quality and equipment disinfection, but this must not allow complacency as some European countries although regarded as low risk actually have high levels of blood born viruses in their population for example. For the purpose of this guideline, low and high risk are referring to quality and infection preventative procedures.

Low Risk	UK & Ireland Belgium, France, Germany, Holland, Italy, Japan, Portugal, Sweden, Norway, Denmark, Luxenberg, Spain, Switzerland. Australia & New Zealand. North America & Canada
High Risk	All other worldwide locations

The UK holds a number of bilateral healthcare agreements with Non-European Economic Area countries (EEA) which can be broken into four areas: Russia and former Soviet Union countries, former Yugoslav countries, British Overseas Territories and other Commonwealth countries. Whilst some of these agreements specifically mention dialysis, the majority remain silent of the offer. However, as the agreements are designed to provide emergency care,

dialysis will always fit within that context and meant as a temporary measure. Challenging some of these countries for pre-arranged holiday dialysis may be difficult however. The agreement is spilt between those countries that will treat their nationals and UK nationals only and those that will treat residents irrespective of nationality. Arrangements for emergency care, asylum seekers and residency seekers etc. treatment will not be covered in this guideline.

Countries that will treat their nationals and UK nationals only	Countries that will treat any nationals
Armenia; Azerbaijan; Belarus; Bosnia; Croatia; Georgia; Gibraltar; Kazakhstan; Kirgizstan; Macedonia; Moldova; Montenegro; New Zealand; Russia; Serbia; Tajikistan; Turkmenistan; Ukraine; Uzbekistan.	Anguilla; Australia; Barbados; British Virgin Islands; Montserrat; St Helena; Turks and Caicos Islands.

Payment for dialysis within the UK, EEU countries and those listed above are financed on this bilateral reciprocal agreement, making no charge to the patient. However, if travelling within the EEU, it is vital that the patient carries a European Health Insurance Card (EHIC) which will entitle them to either free or reduced costs for emergency medical treatment in the member states.

Please be aware that if a patient wish to travel to the Channel Islands that the islands are a dependency of the British Crown, not part of the UK so the home unit cannot fund HDX on a unit to unit basis; nor are they covered by European Health Insurance arrangements.

Also please note that parent hospital does not pay for dialysis sessions on a cruise.

This guideline will support the staff of Kidderminster Dialysis Unit (KDU) in assisting their own patients in the decisions and arrangements required to dialysis away from home, and make the correct arrangements for those patients that wish to visit and dialysis at KDU as temporary / holiday patient. As a result of the lack of formal legal commitment from the government and authorities, this guideline is written from experience and information available at the time, and not evidence based, but will provide the staff with a clear consistent system to follow for patients outgoing (wishing to dialysis away from home) and for those wishing to visit KDU.

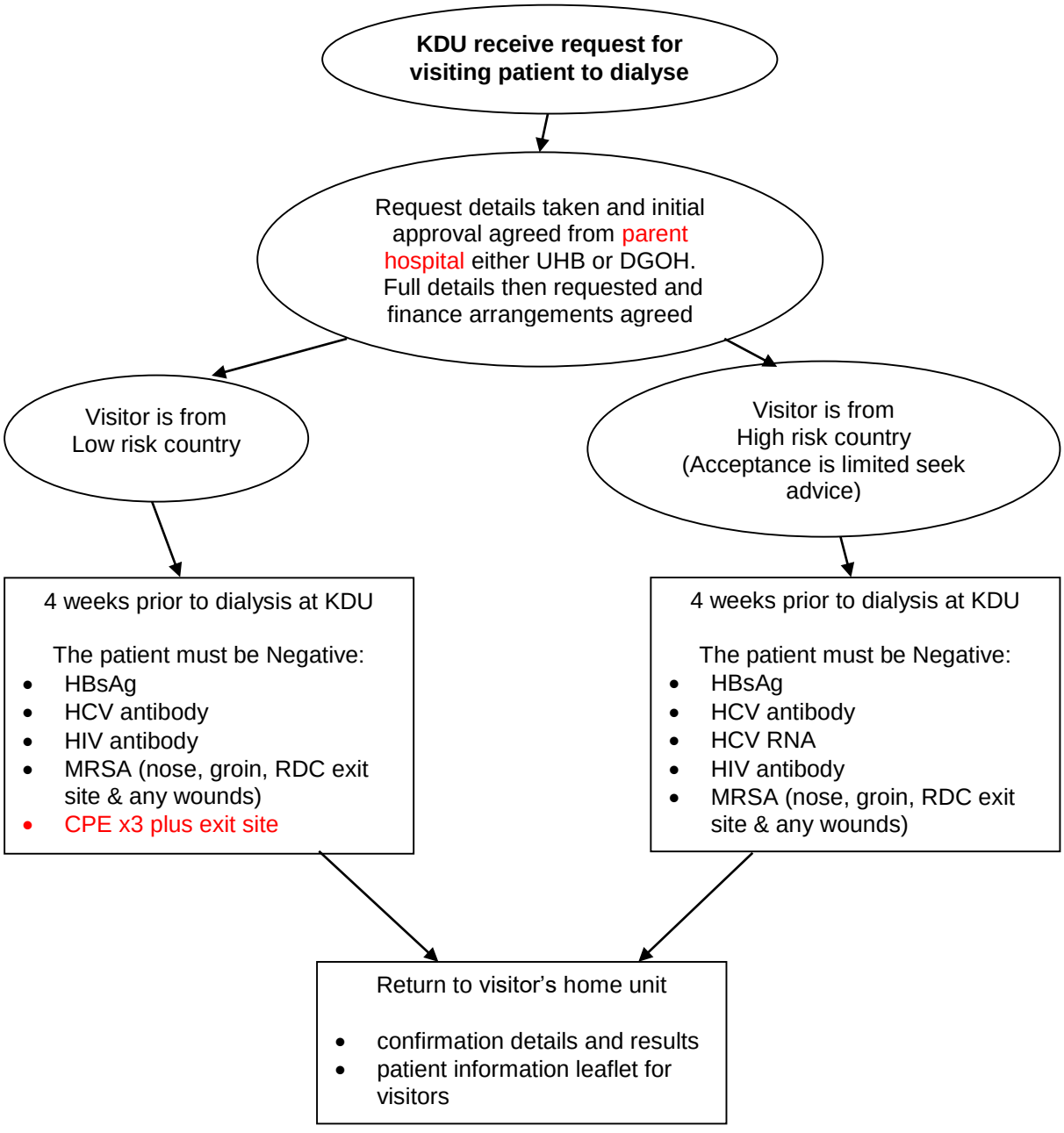
Guideline Steps

Incoming Process

1. Communication is made to KDU requesting a visiting patient to dialysis.
2. Complete incoming patient dialysis documentation and receive approval from either DGOH or UHB as the parent hospital taking responsibility for the patient whilst being away from home. Ensure the date the patient is requesting is available.
3. Following approval from KDU's parent hospital, contact the patients home dialysis unit ensuring all dialysis prescriptions and health checks are complete and approved at least two weeks before the dialysis date request
4. All blood born virus checks and swab results are to be taken within 4 weeks of the patients' date request to dialysis at KDU and must be negative on all accounts. The infection control clearance certificate (page 5) must be completed and returned once results are known and copies of the laboratory reports to have arrived at KDU before the patient is due to dialysis.
5. Finance details must be complete and signed approval from the paying hospital or patient (if self-funding, including bank details for debit payment) (page 6)

6. Mail to the patient the information leaflet for *Haemodialysis away from home and visiting KDU*. This will provide details about the dialysis unit and its address, what to bring, local travel arrangements (as hospital transport is not available for incoming temporary / holiday patients).

Incoming Process



Outgoing Process

1. It is recommended that any patient wishing to dialysis away from home should ideally have been established on haemodialysis for at least 3 months (or following discussion with their consultant). This enables the patient to become stabilised into dialysis and ensures their access, medications, weight etc. are trouble free.
2. The patient currently dialysing at KDU must first confirm approval from their renal consultant that they are fit and have appropriate access to dialysis away from their parent hospital care.
3. Once an idea of dates and venue are chosen a dialysis unit needs to be approached and agreement to dialysis approved. Once dialysis arrangements are confirmed then a holiday or break arrangements can be made.
4. Ensure the patient is aware that travel insurance including medical cover for patients can be expensive and difficult to source. The Kidney Patient Association and NKF are good resources for such information.
5. When choosing a dialysis unit either in the UK or overseas, ensure the patient is aware of the financial issues related to their travel.
6. Any special medications in addition to those used during a standard haemodialysis may have to be provided by the parent hospital or may be charged extra to the dialysis. This issues needs clarifying as part of the arrangements and agreement by both hospitals.
7. Any additional medications or equipment that the patient may need for their treatment, may also need a letter of clearance and approval to carry on their journey.
8. It is the responsibility of KDU to ensure that the receiving dialysis unit has all the correct and up to date information they require and that any additional documents, reports or medications are supplied to the patient before they leave.
9. Where possible (and if time) encourage the patient to complete a course of Hepatitis B vaccinations and have titre levels of between 10 – 100 ml/L.
10. Patients wishing to dialysis with the European Union require a European Health Insurance Card (EHIC) which will entitle them to either free or reduced costs for emergency medical treatment in the member states. This is available from the post office.
11. Although payment for dialysis within the UK, EEU and those countries mentioned earlier are paid for on a reciprocal agreement, outside these areas the patient will be responsible for paying for the dialysis treatment themselves. This will also include additional care, travel, insurance etc. However, some of the charities offer financial support towards holiday costs.
12. Other considerations regarding a dialysis venue is that the dialysis unit / hospital is a recognised safe and clean environment and one that the patient should come to no harm.
13. For patients dialysing in areas considered to be of high risk regarding hygiene etc. such as Asia, Middle East, Far East, India etc. then the patient must be made aware of the risk of possible chance of contracting infections which could have life threatening consequences. They must also be made aware that following dialysis in such regions that they will have to dialysis in a segregated area and under tight surveillance for a period of three months, so long as at the end of the period they are negative to any blood borne viruses. However, should they contract an infection which is regarded as harmful to others that they may have to stay segregated and in isolation for an indefinite period. As a result of this long period of time away from their regular dialysis slot at KDU, that their original time and slot may be allocated to another patient, and on return from segregation may have to take the next most appropriate and available slot.
14. Inform the transplant team that the patient is away from home so any required suspension from the transplant list can be made.
15. Cancel patient transport for when the patient is away.

Outgoing Process

KDU patient requests to dialysis away from their home unit.
Details of the away from home unit gathered and approval from the patient's consultant is agreed

Does the patient request to dialysis in a low or high risk country?

Low risk country

- Make contact with chosen unit and complete requested documentation
- Confirm payment for dialysis arrangements
- Ensure all arrangements and tests for a safe dialysis are completed
- Ensure patient has all documents, medications etc. and travel letter prior to leaving.
- Agree return arrangements

High risk country

- Discuss with the patient the risks of dialysing in such an area, and that on return they will be segregated during the 3-month surveillance period and may lose their regular dialysis slot
- As communications with these areas if problematic, then often he patient arranges their own dialysis.
- Ensure the patient is aware that dialysis equipment cannot be supplied for their treatments away from KDU.
- Agree a return date.
- Ensure the patient is aware that they will under surveillance on return.

- Maintain regular contact with the receiving dialysis unit and ensure all arrangements are completed and approved
- Ensure the patient has all the necessary documentation, medications, covering letters, and dialysis unit address.
- Ensure the patients returning dialysis session is within a safe period of time following their last session whilst being away.
- Reinstate any cancelled transport and transplant listing
- Gather feedback on the dialysis unit to collate a directory of safe units to send future patients. Any units considered to be delivering poor care and practice and 'unsafe', alert other hospitals of these.

Surveillance of patients returning from dialysis away

All patients returning from holiday dialysis away will require a minimum surveillance, also refer to the guideline *Prevention and Control of Blood Borne Virus in the HD unit*

Surveillance

Dialysis away	Testing on return	Segregation
Anywhere in UK	• MRSA (nose, groin, exit site, any wounds) • CPE (3x rectal, exit site, any wounds) • HBsAg • HCV antibody	No
Low risk areas	• MRSA (nose, groin, exit site, any wounds) • CPE (3x rectal, exit site, any wounds) • HBsAg • HCV antibody • HIV antibody (following risk assessment)	No
High risk areas	• MRSA (nose, groin, exit site, any wounds) • CPE (3x rectal, exit site, any wounds) • HBsAg • HCV antibody • HCV RNA • HIV antibody **Thereafter every 2 weeks for 3 months or until negative** • HBsAg • HCV antibody • HCV RNA • LFT's • HIV antibody (following risk assessment)	Yes, the patient is not allowed to dialyze at KDU, the patient has to be transferred back to the parent hospital for segregation the patient must not dialyze at all in the unit until the 3 month isolation period has been completed and the patient is safe to come back to KDU.

Example of high risk surveillance form details

Patient name	
NHS number	
Surveillance start date	
Approx. Surveillance competition date	
First return dialysis bloods	HBsAg, HCV, HCV RNA, HIV
Fortnightly bloods	HBsAg, HCV, HCV RNA, LFT (HIV risk assessment basis)
Results	Action taken

Travel Insurers (patients need check that the insurer will insure them despite they already have a pre-existing medical condition and check all terms and conditions)

Insurer	Contact	Comments
Able2Travel	01483806826	Specialise in travellers with medical conditions
All clear insurance services	08081645881	Worldwide
Colombus Direct	08000680060	
Direct travel insurance	03008803600	Europe/America/Canada
Free Spirit	02392419080	Europe
Freedom insurance services	01223446914	Worldwide & Europe
Insure & Go	08082814023 www.insureandgo.com	
J & M insurance services (UK)	01992566966	For people with disabilities and medical conditions
The insurance surgery	08000832829 www.the-insurance-surgery.co.uk	Broker
Travelbility	08082813449 www.travelbility.co.uk	Insurance for disabled or those with pre-existing conditions

MONITORING TOOL

The monitoring of the guideline will be managed by the dialysis unit manager or renal matron and from time to time as regulations and legal arrangements are introduced, then the guideline will be altered to reflect this.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

REFERENCES

- Department of Health (April 2010). NHS Dialysis for non-UK residents.
- NKF – insurance details
- Guideline for prevention and control of blood borne viruses in the haemodialysis unit.

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Liz Wittich	Lead Nurse Renal Services

Circulated to the following individuals for comments

Name	Designation
Bobbie Bedford	Lead Nurse, Haemodialysis Unit, DGOH
Clarisa Marquez	Ward Manager, RDU, KTC
Debbie Sheldon	Ward Administrator, RDU, KTC

Circulated to the following CD's/Heads of dept. for comments from their directorates / departments

Name	Directorate / Department

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:**			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	❑ Service User ❑ Patient ❑ Carers ❑ Visitors		❑ Staff ❑ Communities ❑ Other _____	
Is this:	❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please				

name sources, e.g. demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status				

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g. in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc., and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	

Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.